

BENEFIT⁺ GUIDE



JANUARY 1–DECEMBER 31 | 2025
CALIFORNIA SUPPORT


StratosphereQuality[®]



WELCOME






Stratosphere Quality would not be the success it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package to support your physical, mental, and financial wellness.

This guide highlights the options available to you as a benefits-eligible employee.

Please take time to review this guide so you can make informed decisions and get the most from your benefits.



TIPS FOR *USING* THIS GUIDE

- ✓ View this guide on your computer, tablet, or smartphone. It's designed to let you easily navigate through your benefits!
- ✓ Use the icons at the top-left to jump to these sections:
 -  **Table of Contents**
 -  **Benefit Contacts**
 -  **Provider Search Instructions**
 -  **Benefit Glossary**
- ✓ When you see the **CURSOR ICON**  click or tap for more info.
- ✓ Open the **SEARCH BAR** to type in a key word you want to find:
 - **On your computer:** Type **Ctrl + F**.
 - **On your smartphone:** In the bottom menu, tap the three dots for more options, tap **“Find in page.”** Then, tap on the top search bar to type in your search term.

TIPS FOR *SAVING* THIS GUIDE

- ✓ **On your computer:** Save the link as a bookmark on your browser.
- ✓ **Add on your smartphone home screen:**
 - On Android, tap the options menu.
 - On iPhone, tap the share icon.
 - Select **Add to Home Screen** (you may need to scroll to find it).
 - Give the guide a name you'll remember, then click **Add**.
 - The icon will appear as a Red “A” on your home screen.



WHAT'S NEW FOR 2025

This year, we are excited to introduce some new benefits and enhancements effective Jan. 1, 2025.



BRAND NEW BENEFITS!

HEALTHJOY HEALTH CONCIERGE

HealthJoy makes healthcare simple! It's your first stop for all your healthcare needs with a concierge, healthcare wallet and more. **Access virtual visits, chronic care management and exercise therapy at no cost through the HealthJoy app.**

Learn more on page 12. [↗](#)

ONLINE ENROLLMENT NOW AVAILABLE

ENROLL USING ADP

You can now sign into the ADP platform and elect your benefit options online. Sign in at work, at home, or on the go with any device!

Learn more on page 8. [↗](#)

ENROLL BY NOV. 15

OPEN ENROLLMENT IS NOV. 5-15

This is your annual opportunity to review and update your benefits. **Don't miss out!**





[Click here to jump back to this page!](#)

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WHEN CAN YOU ENROLL IN BENEFITS?

NEW HIRE

Enroll within your new-hire enrollment window.

Use ADP or call Steele Benefit Services

Closely review your options as a new hire

- The benefits you select become effective on the first of the month **following 60 days of full-time employment**
- **You must make your elections within 30 days of eligibility**
- The elections you make during your initial eligibility are binding until the next open enrollment

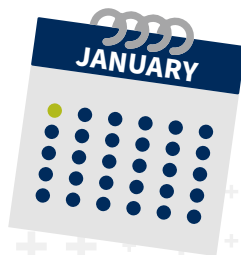
OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Use ADP or call Steele Benefit Services

Your annual opportunity to review & change your benefits

- Typically held in the fall
- The benefits you select become effective on **Jan. 1**



QUALIFYING LIFE EVENT

Enroll within 30 days of a qualifying life event.

Use ADP or call Steele Benefit Services

“Qualifying life events” allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- You and/or your dependents become eligible or lose coverage with another group health plan
- Spouse’s open enrollment
- Change in work status (part-time to full-time)
- **You must provide documentation to support your qualifying event.**



ENROLLMENT OPTIONS

NEW FOR 2025! SELF-SERVE ENROLLMENT

ENROLL USING ADP

You can sign into the ADP platform and elect your benefit options online. Sign in at work, at home, or on the go with any device!

See the next pages for Self-Serve Enrollment Instructions. ↩

LOOKING FOR A HELPING HAND?

Use Steele Benefit Services for assistance.

Call | 855-892-0067

Hours | Monday–Friday, 8:30 a.m. to 5 p.m. ET



STEELE BENEFIT ASSISTANCE

1. BE PREPARED BEFORE YOU SIGN IN/CALL

- You'll need dates of birth and Social Security Numbers for any dependents you will be adding to your benefits. **If you don't have this information ready, you may need to call back.**
- You will be asked if you or your spouse (if enrolled in the medical plan) are tobacco users. This is a recorded statement. **Any false statements can jeopardize eligibility.** SQ reserves the right to perform random tobacco and nicotine testing.

2. TAKE ACTION

If you are making changes to your current benefits and/or plan to contribute to an FSA in 2025, you will need to sign into the ADP platform and elect your benefits or call Steele Benefits Services during your location's designated Open Enrollment dates.

3. ASK QUESTIONS

Steele Benefit Services Counselors are here to assist you. They can help you understand your options, educate you about your benefit coverage, and enroll you and your family in your selected benefits in one simple call.



SELF-SERVE ENROLLMENT INSTRUCTIONS



1. DOWNLOAD THE APP

- Search “ADP Mobile Solutions” in the App Store or Google Play, or use the buttons to get started.



2. LOG IN

- Enter your User ID and password, then click “**Sign In**”
- First time logging in? Tap “**New? Get Started**”
- If you don’t know your registration code, contact HR.

3. START YOUR BENEFIT ENROLLMENT

- Under the “Recommended” section, tap “**Benefits**”
- You can also tap “**More**” in the bottom-right corner to select “**Benefits**”
- Tap “**Start enrollment**”

4. REVIEW YOUR INFORMATION

- Review the Welcome Note for benefit updates
- Tap “**Next**” to manage your dependents
- Add or update your dependents and beneficiaries

5. SELECT YOUR BENEFITS

- You have three sections: Action Required, Selected Plans and Eligible Plans
- **Action required** | Items that need action to move on
- **Selected Plans** | These are your current elections
- **Eligible Plans** | Your available options for enrollment
- If you select a plan under “Eligible Plans,” it will move to “Selected Plans”

6. REVIEW AND CHANGE AS NEEDED

- You cannot complete enrollment unless you take action on items listed under Action Required
- As you make selections, check the box under “**Covered Individuals**” for applicable dependents
- Tap “**Manage dependents**” to add or edit dependents and beneficiaries as you enroll

7. CONFIRM YOUR DETAILS

- After you make selections, see the confirmation screen
- Your coverage level is determined by which dependents you enroll
- Once you confirm enrollment, your benefits will show under “**Selected Plans**”



SELF-SERVE ENROLLMENT INSTRUCTIONS CONTINUED



8. WAIVING A BENEFIT

- If you waive a benefit, you will be required to select a **“Waive Reason”**

9. SUPPLEMENTAL LIFE ELECTIONS

- Tap **“View Available Plans”** and choose the amount of coverage you want to elect
- If the amount is over the guarantee issue, you will be required to complete the Evidence of Insurability and submit it to SQ
- Your full election will not be approved until the EOI is received and reviewed
- *Learn more on page 25.* ➔
- When you elect supplemental life coverage, you will need to select beneficiaries
- Select a primary beneficiary
- You can also select a secondary beneficiary
- All beneficiary delegation percentages must equal 100%
- Tap **“Confirm Details”**

10. CONTINUE YOUR ENROLLMENT

- You can tap **“Finish Later”** at any time to save your enrollment information
- If you tap **“Finish Later,”** you must come back to review and submit for your selections to be final
- If you start the process on mobile and move to desktop, your selections will sync
- Continue through all steps and address all tasks under **“Action Required”**
- Once you address all items and make all selections, proceed to review and submit

11. REVIEW AND SUBMIT

- Once you see the green box that says **“You have completed your enrollment,”** you are finished!




HEALTH BENEFITS



[Click here to find an in-network provider!](#)



MEDICAL BENEFITS

| PLAN OPTIONS | PLAN OPTION 1 | PLAN OPTION 2 |
|---|--------------------------------------|--------------------------------------|
| | IN-NETWORK COVERAGE ONLY | IN-NETWORK COVERAGE ONLY |
| NETWORK | Kaiser Permanente | Kaiser Permanente |
| Deductible Individual Family** | \$2,000 \$4,000 | \$5,000 \$10,000 |
| Coinsurance Member Pays Plan Pays | 20% 80% | 30% 70% |
| Out-of-Pocket Maximum Individual Family | \$5,000 \$10,000 | \$7,000 \$14,000 |
| WHAT YOU PAY WHEN YOU NEED CARE | | |
| Preventive Care  | No charge | No charge |
| Doctor Visits Primary Care Specialist | \$30 copay \$40 copay | \$50 copay |
| Urgent Care | \$20 copay | \$50 copay |
| Emergency Room | 20% after deductible | 30% after deductible |
| Inpatient & Outpatient Services | | |
| WHAT YOU PAY FOR PRESCRIPTION DRUGS | | |
| Retail Pharmacy (30-day supply) Tier 1 2 3 4 | \$10 \$30 \$30 20% up to \$250 | \$15 \$50 \$50 30% up to \$250 |
| Mail-Order (100-day supply) Tier 1 2 3 4 | \$20 \$60 \$60 not covered | \$30 \$100 \$100 not covered |

****These are embedded deductibles.** If you have family coverage, all covered members help reach the family deductible. No individual will exceed the individual deductible.



[Click here to find an in-network provider!](#)

MEDICAL BENEFITS CONTINUED



| PLAN OPTIONS | PLAN OPTION 1 | | PLAN OPTION 2 | |
|-----------------------|---------------|----------|---------------|----------|
| | NO TOBACCO | STANDARD | NO TOBACCO | STANDARD |
| YOUR COST PER PAY | Weekly | Weekly | Weekly | Weekly |
| Employee | \$22.51 | \$34.05 | \$13.56 | \$25.11 |
| Employee + Spouse | \$56.57 | \$68.11 | \$38.67 | \$50.21 |
| Employee + Child(ren) | \$46.36 | \$57.90 | \$31.14 | \$42.68 |
| Employee + Family | \$97.44 | \$108.98 | \$68.79 | \$80.34 |

HELPFUL TIPS

Use your healthcare concierge.

[Learn all about HealthJoy.](#) ↗

Not sure what a word means?

[See the benefit glossary.](#) ↗

Visit with a doctor any day, any time.

[See your telehealth options.](#) ↗

Make the most out of your medical plan.

[See the importance of preventive care.](#) ↗

Be savvy with your healthcare costs.

[See tips to save money.](#) ↗



HEALTHCARE CONCIERGE



HEALTHJOY MAKES HEALTHCARE SIMPLE

HealthJoy is the first stop for all your healthcare and employee benefits needs. Engage with HealthJoy to ensure that you have the lowest possible medical costs all year and the best access to care.

- HealthJoy is provided **free by SQ** and personalized for you
- Get instant access to an up-to-date benefits wallet with all your benefit cards
- Ask a healthcare concierge for help with healthcare questions
- Save time, money, and a ton of aggravation

ELIGIBILITY

HealthJoy is available to all full-time employees.

MAKE THE MOST OF HEALTHJOY

Learn more about what HealthJoy offers on the next page.

HOW TO REGISTER

HealthJoy can reach out to each of your providers and make sure that your next appointment is easy and the lowest possible cost.

1. You will receive a unique activation link within a welcome email or SMS text the first week of January
2. Create your password
3. Download the HealthJoy app and log in
4. You can invite family members and send them their own unique activation link

DOWNLOAD THE APP

Click the buttons below to download.





HEALTHCARE CONCIERGE CONTINUED



WHAT'S INCLUDED

HealthJoy is where your benefits come to life. Access these services at **no cost** through the HealthJoy app.



VIRTUAL VISITS

You and your family can connect with a medical provider online through the HealthJoy app. HealthJoy's providers can diagnose and treat many issues and even prescribe common medications.

Examples of minor medical needs

Rash | Sinus Problems | Stomach Ache | Fever



CHRONIC CARE MANAGEMENT

Managing chronic conditions can be stressful and expensive. HealthJoy's engaging digital programs and personalized coaching can help improve your overall wellness and minimize your healthcare costs.

Get assistance with:

Pre-diabetes | Diabetes | Hypertension



EXERCISE THERAPY

You have access to HealthJoy's coach-guided virtual exercise therapy for individuals with back and joint pain.

Once you complete a survey, you will be assigned a personal coach. Your coach will provide up to 12 weeks of exercises to be done at home—no equipment needed.





THE IMPORTANCE OF PREVENTIVE CARE



Your medical plan covers in-network preventive care services at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

✔ **WHAT IS PREVENTIVE CARE?**

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

☒ **WHAT IS NOT PREVENTIVE CARE?**

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services you receive are not preventive.

Your medical plan still provides coverage for these services, but they are not covered at 100%.

Note: Your medical plan may charge a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your office visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | [Health.gov/myhealthfinder](https://www.health.gov/myhealthfinder)

Call Kaiser Permanente to confirm which preventive services are covered under your plan.

[Back to your medical plan options](#) ↗



TIPS TO SAVE MONEY

✓ **SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES**

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, check your area for an urgent care location or use virtual care instead.

✓ **USE IN-NETWORK PROVIDERS**

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

✓ **GET YOUR ANNUAL CHECKUP**

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

✓ **CHOOSE GENERIC PRESCRIPTIONS**

Ask your doctor or pharmacist to give you generic prescriptions instead of brand-name. Generic drugs are cheaper and are just as effective.

✓ **SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES**

It can pay to be a savvy shopper. Drug comparison tools like [GoodRx.com](https://www.goodrx.com) and [SingleCare.com](https://www.singlecare.com) can help you find the lowest cost for medication near you.

Note: GoodRx and SingleCare also offer discount cards and coupons, which can provide additional savings. However, you will not receive credit toward your plan deductible or out-of-pocket maximum if you use them. Talk with your doctor and pharmacist to determine the best option for you.

✓ **TAKE ADVANTAGE OF THE MAIL-ORDER PHARMACY PROGRAM**

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Check with your insurance company for more details.

[Back to your medical plan options ↩](#)



MEDICARE FOR THE FUTURE

Start considering your post-retirement financial protection today and connect with an advocate to help you find the perfect path for you.

INDEPENDENT
SENIOR
INSURANCE



MEDICARE CONSULTATION AND EDUCATION

SQ offers associates a **free resource** for Medicare consultation and education.

We've partnered with Independent Senior Insurance to provide you and your families a resource to better prepare yourself financially for life after retirement. Insurance is complicated. Medicare can be even more complicated.

With this partnership with ISI, you have an opportunity to learn from the experts.

YOU'RE ABLE TO:

- ✓ Consult one-on-one with a Medicare Expert
- ✓ View, download and share education content regarding Medicare and Medicaid
- ✓ Attend in-person info sessions with your family

CONTACT

Call Andrew | 317-717-1085

Email | Help@ISImedicare.com



Click here to find an in-network provider!

DENTAL BENEFITS



| PLAN OPTIONS | CORE PLAN | PREMIUM PLAN | |
|--|-------------------------------|---|----------------------|
| | IN- AND OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* |
| NETWORK | Dental Guard Preferred | Dental Guard Preferred | |
| Calendar-Year Deductible Individual Family | \$0 \$0 | Waived | \$50 \$150 |
| Maximum Benefit for Basic & Major Services Per Person Per Year | \$500 | \$1,000 | |
| Maximum Orthodontia Benefit Per Child Per Lifetime | Not covered | \$1,000 | |
| Maximum Rollover | Not available | \$350 <i>Learn more on the next page</i> | |
| WHAT YOU PAY FOR SERVICES | | | |
| Preventive Services (cleanings, exams, x-rays) | No charge (deductible waived) | No charge (deductible waived) | |
| Basic Services (fillings, extractions, root canals) | 50% after deductible | 0% after deductible | 20% after deductible |
| Major Services (crowns, bridgework) | Not covered | 40% after deductible | 50% after deductible |
| Orthodontia (for children up to age 19) | Not covered | 50% after deductible | |
| YOUR COST PER PAY | Weekly | Weekly | |
| Employee | \$3.48 | \$6.23 | |
| Employee + Spouse | \$7.34 | \$13.15 | |
| Employee + Child(ren) | \$9.72 | \$17.42 | |
| Employee + Family | \$13.58 | \$24.35 | |

 ***Be aware of balance billing if you use an out-of-network dentist.** If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 36 for more details.



DENTAL MAXIMUM ROLLOVER



Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Max in future years, you can use money from your MRA!

To qualify for an MRA, you must have a paid claim and must not have exceeded the paid claims threshold (**\$500**) during the benefit year. Your MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your and your dependents' accounts online.

Visit | GuardianAnytime.com

HOW THE ROLLOVER WORKS



STEP 1

Make preventive visits to minimize **major issues**.



STEP 2

Submit dental claims throughout the plan year.

AT THE END OF THE YEAR

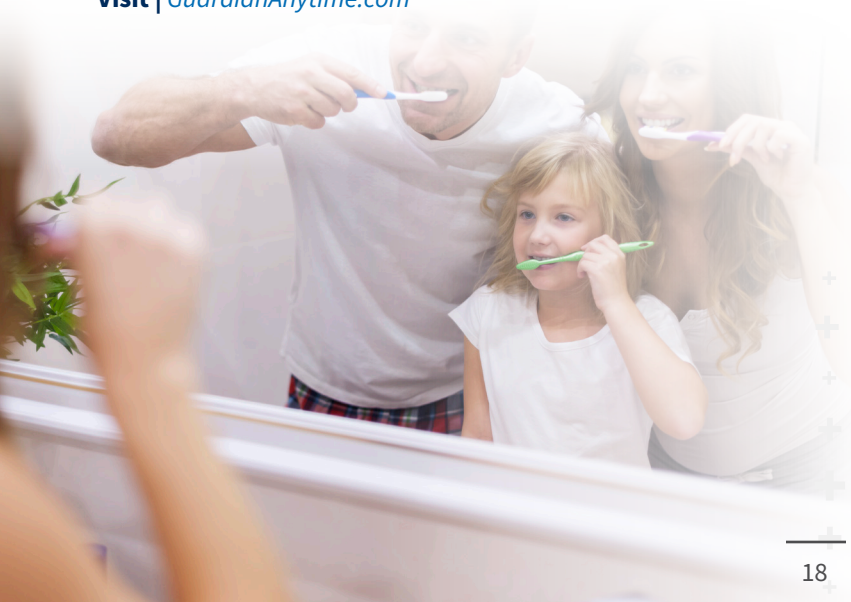
For members who submit at least one paid claim and do not exceed their plan threshold (**\$500**), a portion of any unused amount in the annual dental maximum will be added to the Maximum Rollover Account.

These funds are available to pay for future dental care.

MAXIMIZE YOUR ROLLOVER

If care is provided by in-network dentists, you can roll over more money!

- Max rollover with **out-of-network** dentists: **\$250**
- Max rollover with **in-network** dentists: **\$350**
- The maximum balance of your MRA is **\$1,000**





VISION BENEFITS



| PLAN OPTIONS | VSP PLAN | DAVIS PLAN |
|--|---|---|
| | IN-NETWORK* | IN-NETWORK* |
| NETWORK | VSP Choice | Davis Vision |
| PLAN BASICS | | |
| Eye Exam (once every 12 months) | \$10 copay | \$10 copay |
| Materials Copay | \$25 | \$25 |
| Eyeglass Lenses Single Bifocal Trifocal Lenticular (once every 12 months) | \$0 after materials copay | \$0 after materials copay |
| Frames (once every 12 months) | \$130 allowance + 20% discount on remainder after materials copay | \$130 allowance + 20% discount on remainder after materials copay |
| Elective Contact Lenses Instead of glasses (once every 12 months) | \$130 allowance | \$130 allowance + 15% discount on remainder |
| Medically Necessary Contact Lenses (once every 12 months) | \$0 after materials copay | \$0 after materials copay |
| YOUR COST PER PAY | Weekly | Weekly |
| Employee | \$1.68 | \$1.55 |
| Employee + Spouse | \$2.83 | \$2.60 |
| Employee + Child(ren) | \$2.88 | \$2.65 |
| Employee + Family | \$4.55 | \$4.19 |

*Out-of-network coverage is available on this plan. Refer to the benefit summary for more information.

DISCOUNTS & SAVINGS

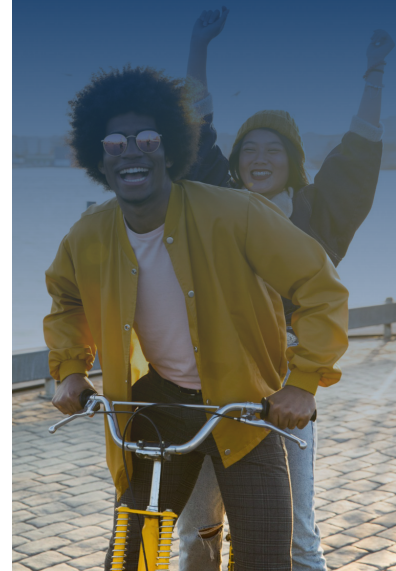
Just for being a Guardian member, you are eligible for extra discounts and savings when you visit in-network providers!

LEARN MORE

Find discounts specific to the VSP and Davis plans online.

VSP | [VSP.com](https://www.vsp.com)

Davis | [GuardianLife.com](https://www.guardianlife.com)





EMPLOYEE ASSISTANCE PROGRAM

You and your family have access to ComPsych's Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

The EAP is completely confidential and available at no cost for all SQ employees, even if you are not on an SQ medical plan.

You have access to consultants by telephone for **up to three counseling sessions** per year, per person, per issue.

FOR 24/7 ASSISTANCE

Call | 800-460-4374

Visit | [GuidanceResources.com](https://www.guidanceresources.com)

Web ID | EAPEssential

COMPSYCH®
GuidanceResources® Worldwide

AN EAP CAN ADDRESS:



SUBSTANCE ABUSE & ADDICTION



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



EMOTIONAL WELL-BEING



WORK & CAREER

A close-up photograph of a woman and a young child smiling. The woman is on the right, with long blonde hair, and the child is on the left, wearing a yellow jacket. The image has a blue overlay.

FINANCIAL BENEFITS



FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay for eligible healthcare and dependent care expenses with tax-free dollars. By participating in an FSA, you can reduce your taxable income and enjoy 20–30% savings on expenses you are already paying! Learn more and find resources for managing your account.

Visit | PBAClaims.com

HOW IT WORKS:



1. Estimate your expenses and decide how much you want to contribute.



2. Your contributions are deducted each paycheck before taxes are applied and set aside in your FSA.



3. During the year, use your FSA debit card to pay for eligible expenses or reimburse yourself from your account.

Estimate Carefully! FSAs are “**use it or lose it**” accounts. That means you forfeit any unused money at the end of the year, so only contribute what you know you will spend in the year.

HEALTHCARE FSA

Healthcare FSAs allow you to pay for eligible medical, dental and vision expenses for yourself, your spouse and your dependent children.

DEPENDENT CARE FSA

Dependent Care FSAs allow you to pay for dependent care expenses that allow you to go to work. These could be for a dependent parent or a child under age 13.

Examples: Daycare, day camp, after-school programs



FLEXIBLE SPENDING ACCOUNTS CONTINUED



CONTRIBUTION LIMITS

The IRS determines FSA contribution limits each year.

HEALTHCARE FSA LIMIT

\$3,300

DEPENDENT CARE FSA LIMIT

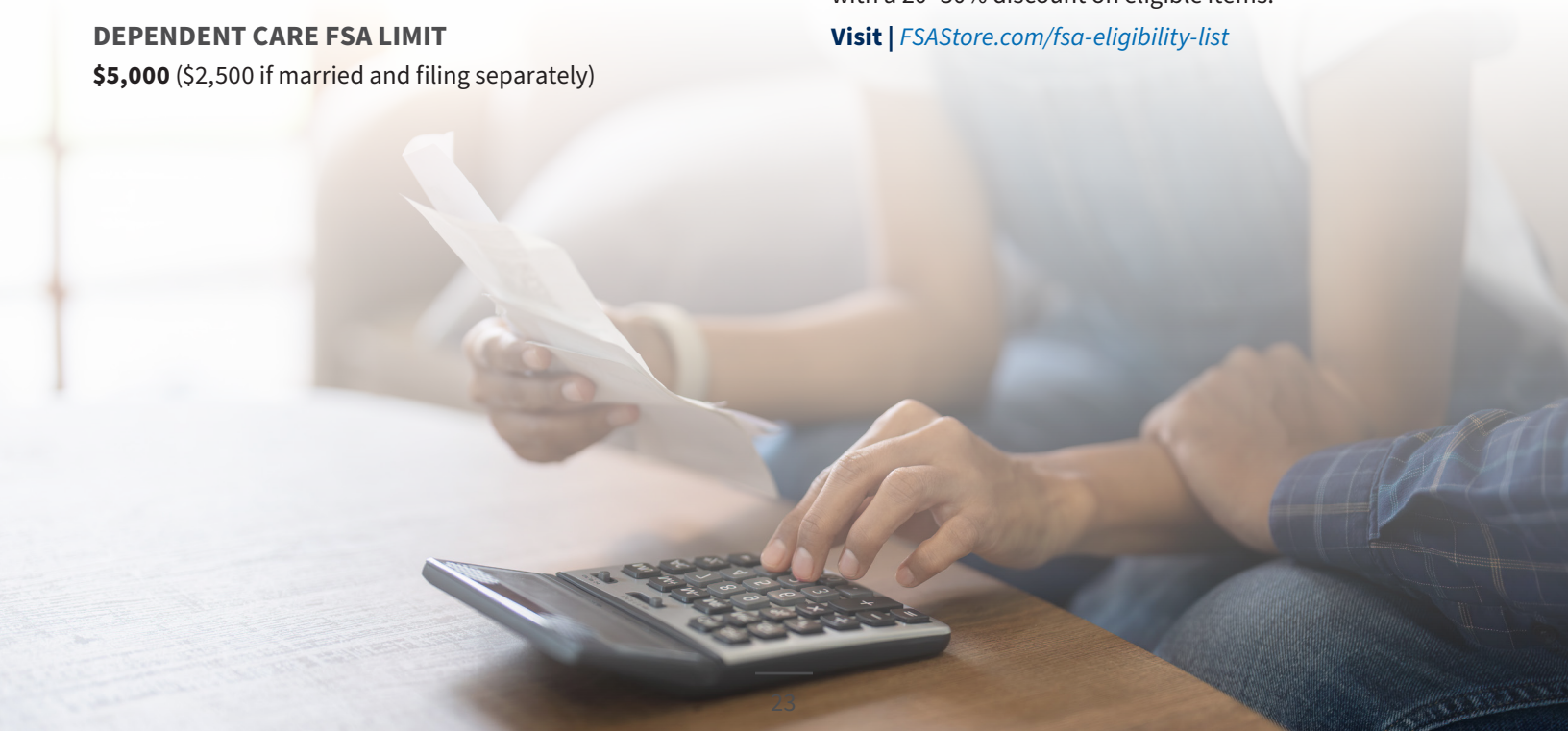
\$5,000 (\$2,500 if married and filing separately)

ELIGIBLE EXPENSES

See what's eligible—you may be surprised!

Find the full list, which allows you to filter by Healthcare FSA or Dependent Care FSA. You can even shop some categories with a 20–30% discount on eligible items.

Visit | FSASore.com/fsa-eligibility-list





BASIC LIFE AND AD&D



To help provide financial security for your family in the event of death or dismemberment, **we provide basic term life and accidental death & dismemberment (AD&D) coverage at no cost to you.**

COVERAGE DETAILS

| | |
|---|--|
| Life and AD&D Coverage Amount* | \$50,000 once eligibility is met |
| Benefit Reduction Schedule | Benefits reduce to: 65% at age 65 40% at age 70 25% at age 75 15% at age 80 |

**The AD&D benefit is paid in addition to the life benefit if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.*



KEEP YOUR BENEFICIARY INFO UP TO DATE!

Life and AD&D benefits are paid to the beneficiary on file, so make sure you keep your beneficiary information up to date!

Change your beneficiary information any time by contacting the SQ Service Center.





SUPPLEMENTAL LIFE AND AD&D



Supplemental life and AD&D insurance provides an extra layer of financial security for your family.

You can give your loved ones greater peace of mind in the face of unforeseen circumstances by purchasing voluntary coverage at competitive group rates. You must elect employee coverage in order to purchase coverage for your family.

SUPPLEMENTAL COVERAGE OPTIONS

| | |
|----------------------------|--|
| Employee Benefit | <p>\$25,000 increments up to the lesser of \$500,000 or 5× your annual earnings</p> <p>Guarantee Issue: \$250,000</p> |
| Spouse Benefit | <p>\$5,000 increments up to the lesser of \$50,000 or 50% of employee's election</p> <p>Guarantee Issue: \$50,000</p> |
| Child Benefit | <p>Guarantee Issue: \$10,000</p> |
| Benefit Reduction Schedule | <p>Benefits reduce to:</p> <p>65% at age 65</p> <p>40% at age 70</p> <p>25% at age 75</p> <p>15% at age 80</p> |

Note: Your cost for voluntary life and AD&D varies by age and coverage amount (Spousal rates are based on the age of the employee). You can see your cost when you enroll online.

GUARANTEE ISSUE

A “**guarantee issue**” **amount** is the dollar amount of coverage you can be approved for without completing a health questionnaire—also commonly referred to as Evidence of Insurability (EOI).

Guarantee issue amounts only apply during the 31 days following your initial enrollment period when hired.



NEW EMPLOYEES

Don't miss out on your guaranteed issue opportunity!

If you wish to enroll in the Supplemental Life and AD&D plan or increase your coverage after your initial eligibility period, you will be required to complete the EOI health questionnaire.

If your initial election when you were first eligible was \$25,000 or more, you can increase your amount up to the Guaranteed Issue in subsequent years without the EOI.



DISABILITY INSURANCE



Disability benefits replace a portion of your income if you're unable to work due to a non-work-related injury or sickness. Because premiums for disability are deducted post-tax, disability payments are non-taxable income.

You have the option to purchase short-term and long-term disability. These benefits work together so you don't have a gap in coverage before your long-term benefits kick in.

LONG-TERM DISABILITY

| | |
|-----------------------------------|---|
| Benefit amount | 60% of your salary up to \$5,000 per month |
| When are benefits payable? | After 90 consecutive days of disability due to an accident or illness |
| Max benefit duration | Until you recover or age 65 |
| Rate | \$0.937 per \$100 of weekly benefit <i>Your total rate will be calculated when you enroll.</i> |

Pre-existing condition exclusion (12/12): *If you have been diagnosed or treated for a condition 12 months prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for 12 months.*

SHORT-TERM DISABILITY

The California State Disability Insurance program provides income protection for disabilities that occur due to non work related injury or sickness and last for a short period of time.



REQUIRED HOSPITAL INDEMNITY NOTICE

ABOUT HOSPITAL INDEMNITY

IMPORTANT: The hospital indemnity policy is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

LOOKING FOR COMPREHENSIVE HEALTH INSURANCE?

To find health coverage options:

Visit | [HealthCare.gov](https://www.healthcare.gov) or

Call | 800-318-2596 (TTY: 855-889-4325)

To find out if you can get health insurance through your job, or a family member's job, contact the employer.

QUESTIONS ABOUT THIS POLICY?

For questions or complaints about this policy, contact your State Department of Insurance.

Find their number on the National Association of Insurance Commissioners' website under "Insurance Departments."

Visit | [NAIC.org](https://www.naic.org)

If you have this policy through your job, or a family member's job, contact the employer.



SUPPLEMENTAL BENEFIT OPTIONS



PROTECT YOUR PAYCHECK

You can supplement your benefits with these additional coverages through Sun Life. These benefits offer additional protection from surprise expenses. **The benefits are paid directly to you, so you can use the money however you need it.**

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance helps you pay your bills due to a hospitalization.

Coverage pays a lump-sum benefit if you are **admitted** to the hospital overnight. Benefits are based on the amount of coverage listed for the service (not the cost of treatment).

| HOSPITAL INDEMNITY BENEFIT AMOUNTS | | |
|--|---------|-----------|
| Hospital Admission | \$1,000 | |
| Hospital Stay per day up to 180 days per year | \$200 | |
| ICU Stay per day up to 30 days per year | \$100 | |
| YOUR COST PER PAY | Weekly | Bi-Weekly |
| Employee Only | \$4.01 | \$8.02 |
| Employee + Spouse | \$8.46 | \$16.92 |
| Employee + Child(ren) | \$6.02 | \$12.03 |
| Employee + Family | \$10.46 | \$20.93 |

ACCIDENT INSURANCE

When you, your spouse or child has a covered accident, you can receive cash benefits to help cover the unexpected costs. On-the-job coverage is included for the employee.

Covered accidents include events like dislocations, fractures, burns, physical therapy, ER treatment and more.

| ACCIDENT INSURANCE BENEFIT AMOUNTS | | |
|------------------------------------|--------|-----------|
| Hospital Admission | \$500 | |
| Physician Office Visit | \$150 | |
| Urgent Care Visit | \$150 | |
| YOUR COST PER PAY | Weekly | Bi-Weekly |
| Employee Only | \$2.85 | \$5.70 |
| Employee + Spouse | \$4.48 | \$8.97 |
| Employee + Child(ren) | \$6.28 | \$12.55 |
| Employee + Family | \$7.91 | \$15.83 |



SUPPLEMENTAL BENEFIT OPTIONS CONTINUED



CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a cash benefit when you or a covered family member is diagnosed with a covered condition, like a heart attack, stroke, cancer, coma, severe burns, and end-stage kidney disease.

FAMILY COVERAGE

You can purchase critical illness insurance for yourself and your dependents.

- You must elect employee coverage in order to purchase coverage for your family.
- Spousal election must equal employee election.

COVERAGE RATES

BENEFIT AMOUNTS

Employee/Spouse coverage available:

\$5,000 increments up to \$40,000

Coverage election must be a minimum of \$10,000

Child coverage available:

\$2,500 increments up to \$20,000

Cannot exceed employee election

COVERAGE RATES

Coverage rates are based on age. Rates below are shown per \$10,000 of coverage.

| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|-----------------------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| Weekly Rate | \$0.32 | \$0.58 | \$0.97 | \$1.68 | \$2.84 | \$4.73 | \$7.36 | \$11.17 | \$17.19 | \$25.41 | \$29.38 | \$39.72 |
| Bi-weekly Rate | \$0.65 | \$1.15 | \$1.94 | \$3.37 | \$5.68 | \$9.46 | \$14.72 | \$22.34 | \$34.38 | \$50.82 | \$58.75 | \$79.43 |



UNIVERSAL LIFE INSURANCE



ABOUT UNIVERSAL LIFE INSURANCE

Universal Life Insurance policies are employee-owned and pay a higher death benefit during working years when expenses are typically higher.

Premiums vary based on several factors including age, tobacco use status, and coverage amount elected.

Your SQ Service Center Counselor will give you the cost for the amount of insurance you would like to enroll in.

PORTABILITY

Because these policies are owned by the employee, you can easily continue coverage if you leave Stratosphere Quality. You would make premium payments directly to Sun Life.





TRAVEL EMERGENCY ASSISTANCE



With your Sun Life coverage, you receive an emergency travel assistance program provided by Assist America.

Travel emergency assistance immediately connects you to doctors, hospitals, pharmacies and more if you experience an emergency while traveling **100 miles away from your permanent residence, or in another country.**

JUST ONE CALL AWAY

One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

GET IN TOUCH

Call in the U.S. | 800-872-1414

Call internationally | 609-986-1234

Email | MedServices@AssistAmerica.com

App | Download the Assist America Travel App
Complete the set-up process by entering your Assist America reference number 01-AA-SUL-100101.



TRAVEL ASSISTANCE SERVICES

MEDICAL EMERGENCY SERVICES INCLUDE:

- Medical Consultation, Evaluation & Referral
- Foreign Hospital Assistance
- Emergency Medical Evacuation
- Medical Monitoring
- Medical Repatriation
- Prescription Assistance
- Care of Minor Children | Compassionate Visit
- Return of Mortal Remains

NON-MEDICAL EMERGENCY SERVICES INCLUDE:

- Return of Vehicle
- Lost Luggage
- Document Assistance
- Legal & Interpreter Referrals
- Emergency Message Transmission
- Bail Bond Coordination
- Emergency Cash Coordination
- Emergency Trauma Counseling
- Pre-trip Information





ID THEFT PROTECTION



PROTECT WHAT MATTERS

With your Sun Life coverage, you receive ID-theft protection services provided by Assist America. Assist America offers prevention and resolution tools to safeguard your data and restore its integrity in case of fraud. These services include:

24/7 ACCESS TO IDENTITY PROTECTION EXPERTS

You have 24/7 direct emergency access to ID theft protection experts who can provide guidance in dealing with identity fraud issues.

CREDIT CARD AND DOCUMENT REGISTRATION

Register using our secure website to store information from credit cards, banks and important documents in a single, secure location.

INTERNET FRAUD MONITORING

Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently.

24/7 IDENTITY FRAUD SUPPORT

If you are a victim of identity fraud, a dedicated ID theft protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

ACTIVATE YOUR PROTECTION

Activate your account and get started with your identity protection services online.

Visit | AssistAmerica.com/sunlife

Call | 877-409-9597





BENEFIT RESOURCES



BENEFIT CONTACTS



| BENEFIT | PROVIDER | PHONE | WEBSITE/EMAIL |
|--|----------------------|---|--|
| Benefit Enrollment Assistance | SQ Service Center | 855-892-0067 | Service@SteeleBenefits.com |
| Healthcare Concierge | HealthJoy | 877-500-3212 | HealthJoy.com/download |
| Medical & Pharmacy | Kaiser Permanente | 800-278-3296 | KP.org/memberservices |
| Dental | Guardian | 888-600-1600 | GuardianLife.com |
| Vision | Guardian | 888-600-1600 | VSP Plan VSP.com Davis Plan GuardianLife.com |
| Employee Assistance Program | ComPsych | 800-460-4374 | GuidanceResources.com |
| Flexible Spending Accounts | PBA | 800-435-5694 | PBAClaims.com |
| Life and AD&D; Disability Insurance | Sun Life | 800-786-5433 | SunLife.com |
| Supplemental Accident, Critical Illness, Hospital Indemnity and Universal Life Insurance | Sun Life | 800-786-5433 | SunLife.com |
| Travel Emergency Assistance | Assist America | U.S. 800-872-1414 International 609-986-1234 | MedServices@AssistAmerica.com |
| ID Theft Protection | Assist America | 877-409-9597 | AssistAmerica.com/sunlife |
| SQ Benefits Team | Stratosphere Quality | — | Benefits@StratosphereQuality.com |



SEARCH FOR AN IN-NETWORK PROVIDER



SAVE MONEY BY STAYING IN NETWORK

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan’s network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

USE YOUR HEALTHCARE CONCIERGE!

You can also find in-network providers on the [HealthJoy app](#) ↗

| | MEDICAL | DENTAL | VISION | VISION |
|---------|--------------------------------------|-------------------------|---------------------|---------------------------------|
| Carrier | Kaiser Permanente | Guardian | Guardian VSP plan | Guardian Davis plan |
| Network | Kaiser Permanente | DentalGuard Preferred | VSP Choice | Davis Vision |
| Website | Kaiser Permanente Provider Search | Guardian Dentist Search | VSP Provider Search | Davis Vision Provider Search |





BENEFIT GLOSSARY



BALANCE BILLING

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing charges will not apply toward your out-of-pocket maximum.

COINSURANCE

The percentage of the cost you pay for covered services after you meet your deductible.

COPAYMENTS (ALSO CALLED COPAYS)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

DEDUCTIBLE

The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on Jan. 1 each year.

EXPLANATION OF BENEFITS (EOB)

A statement, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

NETWORK

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)

The most you pay in a year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the calendar year.

PLAN YEAR

The plan year refers to Jan. 1 through Dec. 31.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES

Healthcare charges determined by your health insurance provider that are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area.

When you receive care in-network, UCR charges do not apply. For out-of-network care, you are responsible for any extra charge over the UCR fee.



The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.

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